

Maryland State Board of Dental Examiners
Spring Grove Hospital Center • Benjamin Rush Building
55 Wade Avenue
Catonsville, Maryland 21228
(410) 402-8511

**APPLICATION FOR REACTIVATION OF AN INACTIVE
DENTAL OR DENTAL HYGIENE LICENSE**

Notice For Mailing List:

The information collected on this application form is collected for the purposes of the Board's functions under the Annotated Code of MD, Health Occupations Article, Title 4. Failure to provide the information may result in denial of your application. You have a right to inspect, amend, and request correction of this information. The Board may permit inspection of this information or make it available to others only as permitted by federal and State law. Under the Maryland Public Information Act, Annotated Code of Maryland, General Provisions Article, §4-333, the Board may provide, for a fee, a list of licensees' names and addresses to professional associations and other entities. You may request in writing that your name be omitted from such lists.

SECTION I – GENERAL INFORMATION

Name (Last, First, Middle Initial):	
Address of Record: (Street Address)	
City, State, Zip:	

REACTIVATION FEES – PAYABLE TO MARYLAND STATE BOARD OF DENTAL EXAMINERS

Dentist License: \$265

Dental Hygienist License: \$110

A. Maryland dental or dental hygiene license number: _____ **Expiration date:** _____

B. Social Security Number: - -

(There is a statutory requirement that you disclose your social security number. It will be used for identification purposes only.)

C. Date of Birth: - -

D. Home Phone Number: - -

E. Work Phone Number: - -

F. E-Mail Address:

G. Gender: ☐ Female ☐ Male

H. Race/Ethnic Identification – Please check all that apply

Are you of Hispanic or Latino origin? Yes ☐ No ☐

(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Select one or more of the following racial categories:

1. ☐ American Indian or Alaska Native (A person having origins in any of the original peoples of North or South America, including Central America, and who maintains tribal affiliations or community attachment.)
2. ☐ Asian (A person having origin in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
3. ☐ Black or African American (A person having origins in any of the black racial groups of Africa.)
4. ☐ Native Hawaiian or other Pacific Islander (A person having origins in the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
5. ☐ White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

I. Requested license reactivation type: (Check one) ☐ Dentist ☐ Dental Hygienist

J. Licensure in other states:

List other states or jurisdictions in which you hold or have held a dental or dental hygiene license. Include license number(s).

State	License Number

SECTION II - CHARACTER AND FITNESS

If you answer "YES" to any question(s) in Section II – Character and Fitness, attach a separate page with a complete explanation of each occasion. Each attachment must have your name in print, signature, and date.

- | YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | a. Has any licensing or disciplinary board of any jurisdiction or any federal or state entity denied your application for licensure, reinstatement or renewal, or taken any action against your license, including but not limited to reprimand, suspension, revocation, a fine, or non judicial punishment? |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Have any investigations or charges been brought against you or are any currently pending in any jurisdiction by any licensing or disciplinary board or any federal or state entity? |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Has your application for a dentist or dental hygiene license been withdrawn for any reason? |
| <input type="checkbox"/> | <input type="checkbox"/> | d. Has an investigation or charge been brought against you by a hospital, related institution, or alternative health care system? |
| <input type="checkbox"/> | <input type="checkbox"/> | e. Have you had any denial of application for privileges, failure to renew your privileges or limitation, restriction, suspension, revocation or loss in privileges in a hospital, related health care facility, or alternative health care system? |
| <input type="checkbox"/> | <input type="checkbox"/> | f. Have you pled guilty, nolo contendere, had a conviction or receipt of probation before judgment or other diversionary disposition of any criminal act, excluding minor traffic violations? |
| <input type="checkbox"/> | <input type="checkbox"/> | g. Have you pled guilty, nolo contendere, had a conviction, or receipt of probation before judgment or other diversionary disposition for an alcohol or controlled dangerous substance offense, including but not limited to driving while under the influence of alcohol or controlled dangerous substances? |
| <input type="checkbox"/> | <input type="checkbox"/> | h. Are there any criminal charges against you in any court of law, excluding minor traffic violations? |
| <input type="checkbox"/> | <input type="checkbox"/> | i. Do you have a physical or mental condition that currently impairs your ability to practice dentistry? |
| <input type="checkbox"/> | <input type="checkbox"/> | j. Has the use of drugs and/or alcohol resulted in an impairment of your ability to practice your profession? |
| <input type="checkbox"/> | <input type="checkbox"/> | k. Do you illegally use drugs? |
| <input type="checkbox"/> | <input type="checkbox"/> | l. Have you surrendered or allowed your license to lapse while under investigation by any licensing or disciplinary board of any jurisdiction, including Maryland, or any federal or state entity? |
| <input type="checkbox"/> | <input type="checkbox"/> | m. Have you been named as a defendant in a filing or settlement of a malpractice action? |
| <input type="checkbox"/> | <input type="checkbox"/> | n. Has your employment been affected or have you voluntarily resigned from any employment, in any setting, or have you been terminated or suspended, from any hospital, related health care or other institution, or any federal or state entity for any disciplinary reasons or while under investigation for disciplinary reasons? |

Incomplete applications will be returned and will be subject to a \$50.00 application reprocessing fee.

SECTION III - CONTINUING EDUCATION REQUIREMENTS

- | YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | a. <u>Continuing education requirement met.</u> I have completed 30 hours of continuing education, including two (2) hours of infection control, and maintained my CPR certification during the two years prior to this reactivation and have enclosed documentation to support that I have met the Board's continuing education requirements. |

SECTION IV – ACTIVE PRACTICE OR EXAMINATION REQUIREMENT

YES NO

- ☐ ☐ a. Active practice. I have actively practiced dentistry or dental hygiene within the 36 months preceding application for reactivation of an inactive license. I have enclosed a notarized affidavit attesting to my practice status.
- ☐ ☐ b. North East Regional Board Examination. I have not actively practiced dentistry or dental hygiene within the 36 months preceding application for reactivation of an inactive license, but I have passed the North East Regional Board examination in dentistry or dental hygiene and have enclosed a certified examination report.

SECTION V – SPECIALTIES

Does the Maryland State Board of Dental Examiners recognize you as a specialist? ☐ YES ☐ NO

If so, please indicate specialty? _____

Release and Certification:

I hereby affirm that I have read and followed the above instructions. I hereby certify that all information in this application is accurate and correct.

I agree that the Maryland State Board of Dental Examiners (the Board) may request any information necessary to process my application for dental or dental hygiene licensure in Maryland from any person or agency, including but not limited to postgraduate program directors, individual dentists, government agencies, the National Practitioner Data Bank, the Healthcare Integrity and Protection Data Bank, hospitals and other licensing bodies, and I agree that any person or agency may release to the Board the information requested. I also agree to sign any subsequent release for information that may be requested by the Board.

I agree that I will fully cooperate with any request for information or with any investigation related to my practice of dental hygiene or my dental practice as a licensed dentist or dental hygienist in the State of Maryland, including the subpoena of documents or records or the inspection of my dental practice.

During the period in which my application is being processed, I shall inform the Board within 30 days of any change to any answer I originally gave in this application, any arrest or conviction, any change of address or any action that occurs based on accusations that would be grounds for disciplinary action under the Annotated Code of Maryland, Health Occupations §4-315.

Applicant Signature

Date

NOTARY SECTION

State of _____, County of _____, Then personally appeared the above named _____, and signed and sworn to the truth of the foregoing statements in my presence.

Notary Public: _____ My Commission Expires: _____

SEAL

Revised June 16, 2016

MARYLAND STATE BOARD OF DENTAL EXAMINERS

Application for Reactivation of an Inactive Dental or Dental Hygiene License or Certificate

Check List

Please review prior to sending your application package to the Board.

Incomplete applications will be returned and will be subject to a \$50.00 application reprocessing fee.

- ☐ 1. Is your application completed front and back?
 - ☐ Did you sign and have the application notarized?
- ☐ 2. Did you enclose the non-refundable fee in a check or money order made payable to the Maryland State Board of Dental Examiners?
- ☐ 3. Did you enclose a 2x2 or 2x3 inch notarized photo.
- ☐ 4. Did you enclose a notarized affidavit, or other evidence satisfactory to the Board, that you have actively practiced dentistry or dental hygiene in the 36 months preceding the date of application for reactivation?
- ☐ 5. If you have not actively practiced within the 36 months preceding application, have you enclosed a certified examination report from the North East Regional Board?
- ☐ 6. Did you enclose certified letters with the state seal affixed from each state in which you hold a license, verifying that the license is in good standing and that no disciplinary action has ever been taken against the license?
- ☐ 7. Did you enclose a written explanation if you answered "YES" to any question(s) in Section II Character and Fitness?
- ☐ 8. Did you enclose documentation of completion of 30 hours of clinical continuing education, including 2 hours of infection control, 2 hours of abuse and neglect (PANDA), and proof of current cardiopulmonary resuscitation (CPR) certification?
- ☐ 9. Did you enclose documentation of legal name change (i.e. marriage certificate) if the documents sent with the application are in another name?
- ☐ 10. Did you enclose the Maryland Jurisprudence Examination and the notarized Affidavit along with the \$50 non-refundable fee in a check or money order payable to the Maryland State Board of Dental Examiners?

MARYLAND STATE BOARD OF DENTAL EXAMINERS GUIDELINES FOR REACTIVATION OF AN INACTIVE DENTAL OR DENTAL HYGIENE CERTIFICATE

The Board may not process a licensure application until each provision or requirement is met and each document is received. Please ensure that your application is complete before it is submitted.

An individual holding an inactive license to practice dentistry or dental hygiene may apply for reactivation of the license. The applicant shall:

- a. Be of good moral character; and
- b. Submit to the Board notarized affidavits, or other evidence satisfactory to the Board, that the applicant has actively practiced dentistry or dental hygiene within the 36 months preceding the date of application for reactivation, or if the applicant has not actively practiced in the preceding 36 months, pass or have passed the North East Regional Board examination in dentistry or dental hygiene; and
- c. Submit to the Board satisfactory proof of licensure and good standing from all states in which the applicant is currently licensed; and
- d. Submit evidence of completion of the continuing education requirements of the Board; and
- e. Pass a written Maryland Law Examination given by the Board with a score of at least 75%.

To apply for reactivation of a dental or dental hygiene license, submit the Application for Reactivation of an Inactive Dental or Dental Hygiene License or Certificate and enclose the following with your application:

- *Dentist: A \$265 non-refundable fee.
Dental Hygienist: A \$110 non-refundable fee*
- *A notarized affidavit, or other evidence satisfactory to the Board, that the applicant has actively practiced dentistry or dental hygiene within the 36 months preceding the date of application for reactivation.*
- *If the applicant has not actively practiced dentistry or dental hygiene within the 36 months preceding application, then enclose a certified examination report from the North East Regional Board.*
- *A certified letter with the state seal affixed from each state in which you hold a license, verifying that the license is in good standing and indicating whether any disciplinary action has ever been taken against the license.*
- *Documentation of completion of 30 hours of clinical continuing education, including 2 hours of infection control, during the two-year period before the date of application and proof of current cardiopulmonary resuscitation (CPR) certification.*
- *If applicable, evidence of legal name change, such as a marriage certificate or court documents.*

Additional Requirements:

- All applicants for licensure in Maryland must take the Jurisprudence Examination on the Dental Laws and Regulations of this state. It is an open book examination and is now available online at www.dhmf.state.md.us/dental/. If you choose to complete the online examination, please also complete the Affidavit form and return both documents to our. Applicants may also take the examination at the Board's offices Monday through Friday between the hours of 9:00 AM and 4:00 PM. You will be scheduled for the exam after your completed application is reviewed.

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MAIL APPLICATION AND SUPPORTING DOCUMENTS TO:

Maryland State Board of Dental Examiners
The Benjamin Rush Building
Spring Grove Hospital Center
55 Wade Avenue
Catonsville, MD 21228
ATTN: Licensing Unit

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